

Tuesday, July 22, 2014 8:40:49 AM

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14/9/2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

Work Order ID 122587

Tuesday, July 22, 2014 8:40:49 AM

122587

Page 2

Item ID: D4635-144 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Aft Ceiling Replacement Panel Assembly, RH
Start Date: 8/19/14 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 8/19/14 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 110 | | 0.00 | | | | | | | |
| *110* | | | | | | | | | |
| Small Fab | Memo | 0.00 | | | | | | | |
| Small Fab | Assemble as per Dwg D4635-144 Bond foam core to inside of panel 3M Scotch Weld 1300 Batch: <u>m/29879</u> 1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe 2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.(see note 8) Batch # <u>m/29001</u> Expiry Date <u>3/17/2015</u> 3- Apply labels as per Dwg. and seal with 3M 3950 edge sealer(see note 9) Batch: <u>m/24728</u> | | | | | | | | |
| 120 | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

DAS 27 9-89
14/9/13

① 1409.03 DAS 9 9-89

DQA: _____ Date: _____



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| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
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| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

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Work Order ID 122587

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122587

Page 3

Item ID: D4635-144 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Aft Ceiling Replacement Panel Assembly, RH
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Required Date: 8/19/14 Req'd Qty: 1.00 ***1*** Customer:
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| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|-------------------|---------------|------------------|----------------|
| 130 | Identify as per dwg & Stock Location: <u>mt</u> | 0.00 | | | | DAS 27 9-89 | | | |
| *130* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 140 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *140* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

MLJ 14-09-04
MLJ 14-09-04

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| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
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FAULT CATEGORY

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|--|--|---|--|

Picklist Print

Tuesday, July 22, 2014 8:40:48 AM

Page 1

Work Order ID: 122587

122587

Parent Item: D4635-144

D4635-144

Parent Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev A New Issue 13/02/05 DL
Dwg. Update 12/11/08 DL
13/07/09 DL verf:DD
13/12/23 DL

IPP Rev B
IPP Rev. C Dwg. Update
IPP Rev. D Dwg. Update Add Foam

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D4635-4 | | Manufactured | No | | | 100 | Each | 0.0000 | 1 | 1 | | | |
| *D4635-4* | | | | | | | | | ** | | | | |
| Aft Ceiling Panel, RH | | | | | | | | | | | | | |
| D4669-1 | | Manufactured | No | | | 100 | Each | 20.0000 | 1 | 1 | | | |
| *D4669-1* | | | | | | | | | ** | | | | |
| Bracket | | | | | | | | | | | | | |
| | | | | <u>Location</u> | | <u>Loc Qty</u> | <u>Loc Code</u> | | | | | | |
| | | | | MF4 | | 20 | | | | | | | |
| | | | | 117667 | | 20 | | | | | | | |
| D4695-4 | | Manufactured | No | | | 100 | Each | 8.0000 | 1 | 1 | | | |
| *D4695-4* | | | | | | | | | ** | | | | |
| Channel | | | | | | | | | | | | | |
| | | | | <u>Location</u> | | <u>Loc Qty</u> | <u>Loc Code</u> | | | | | | |
| | | | | MF1 | | 8 | | | | | | | |
| | | | | 119846 | | 8 | | | | | | | |
| D4732-11 | | Manufactured | No | | | 100 | Each | 21.0000 | 1 | 1 | | | |
| *D4732-11* | | | | | | | | | ** | | | | |
| Label | | | | | | | | | | | | | |
| | | | | <u>Location</u> | | <u>Loc Qty</u> | <u>Loc Code</u> | | | | | | |
| | | | | MF | | 20 | | | | | | | |
| | | | | 120066 | | 20 | | | | | | | |
| | | | | MF4 | | 1 | | | | | | | |
| | | | | 111244 | | 1 | | | | | | | |

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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
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| Training | | | | | | | | | |
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| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
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|--|--|---|--|

Picklist Print

Page 2

Tuesday, July 22, 2014 8:40:48 AM

Work Order ID: 122587

122587

Parent Item: D4635-144

D4635-144

Parent Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

D4732-39

Manufactured No

100

Each

22.0000

1

1

D4732-39

Label

Location

Loc Qty

Loc Code

MF

20

120080

20

MF4

2

111258

2

100

Each

22.0000

1

1

**

DAS
27
9-89

14/9/13

D4732-41

Manufactured No

100

Each

22.0000

1

1

D4732-41

Label

Location

Loc Qty

Loc Code

MF

20

120081

20

MF4

2

111259

2

100

Each

4.0000

1

1

**

DAS
27
9-89

14/9/13

D5022-5

Manufactured No

100

Each

4.0000

1

1

D5022-5

Foam, Side Panel, Aft

Location

Loc Qty

Loc Code

MF

4

116256

4

B117536

DAS
27
9-89

14/9/13

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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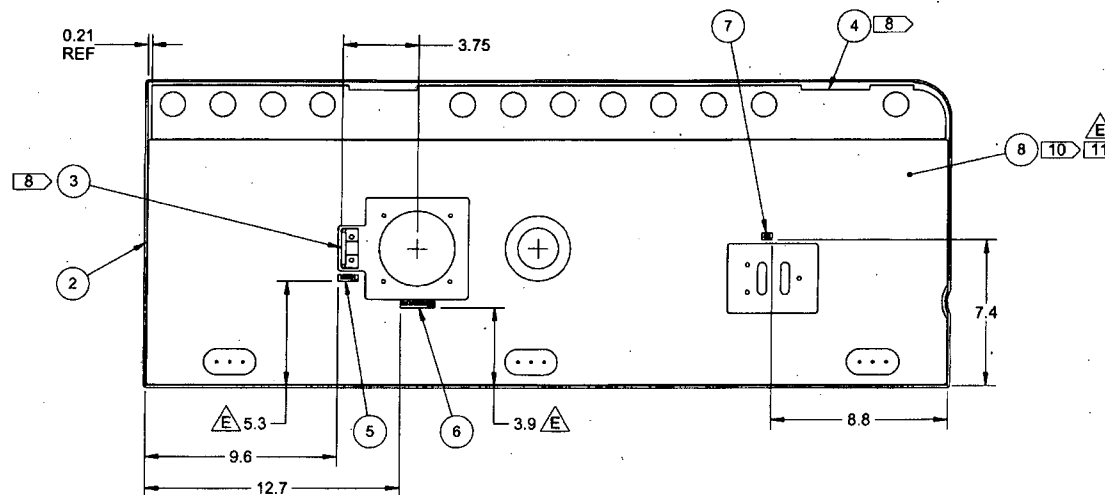
| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
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FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

| ITEM NO. | QTY. -144 | PART NUMBER | DESCRIPTION |
|----------|--------------|-------------|--|
| 1 | X | D4635-144 | RH, AFT CEILING REPLACEMENT PANEL ASSY |
| 2 | 1 | D4635-4 | RH, AFT CEILING PANEL |
| 3 | 1 | D4669-1 | BRACKET |
| 4 | 1 | D4695-4 | CHANNEL |
| 5 | 1 | D4732-11 | LABEL |
| 6 | 1 | D4732-39 | LABEL |
| 7 | 1 | D4732-41 | LABEL |
| 8 | 1 | D5022-5 | FOAM, SIDE PANEL, AFT, RH |



D4635-144 RH, AFT CEILING REPLACEMENT PANEL ASSY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART) TO BOND D4669-1, D4695-4. WAIT FOR 2 TO 4 HOURS FOR FUNCTIONAL CURE
- 9) LOCATE LABELS AS SHOWN, SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE
- 10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5022-5 FOAM CORE TO INSIDE OF PANEL
- 11) CENTER D5022-5 FOAM ON D4635-4

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| DESIGN | RF | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | RF | | |
| CHECKED | BC | DRAWING NO. | REV. E |
| MFG. APPR. | BC | D4635 | SHEET 12 OF 18 |
| APPROVED | BC | TITLE | SCALE |
| DE APPR. | BC | OUTBOARD CEILING PANELS | NTS |
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